APPLICATION FOR BLIND PERSONS EXEMPTION FROM LOCAL PROPERTY TAXES

(Title 36 M.R.S.A. Section 654)

1.	Name of Applicant: Mailing Address: Legal Residence:		
2.			
3.			
4.	Telephone Number:		
5.	Eligibility:	ligibility:	
			e blind by a licensed Doctor of Medicine, Doctor of Please attach appropriate documentation to prove
NO	under this fraudulent times the greater. In place in the value of the	provision shall be so exempt, conveyance shall be punished amount of taxes evaded by a case any person entitled to sue State, such proportion of such	the purpose of obtaining exemption from taxation and the obtaining of such exemption by means of by a fine of not less than \$100 and not more than 2 such fraudulent conveyance, whichever amount is ach exemption has property taxable in more than one total exemption shall be made in each place as the see bears to the value of the whole of the property of
	Date		Signature of Applicant
	Date		Signature of Guardian or Authorized Agent if Applicant is unable to sign
		FOR ASSESSO	DR(S) USE ONLY
	APPROVED	\$4,000 times certified ratio) =
	DENIED	Grounds for denial:	
	e:	Assess	sor(s)